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Achieving the internationally agreed development goals, including those contained in the Millennium Declaration, as well as implementing the outcomes of the major United Nations conferences and summits: progress made, challenges and opportunities

Statement submitted by World Information Transfer, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

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Statement

World Information Transfer held its 14th International Conference on Health and Environment at the United Nations Headquarters on 28 April 2005. The theme of BRIDGING POLICIES FOR ACTION on MILLENNIUM DEVELOPMENTAL GOALS, focused on the *Health MDGs* and explored ways in which increased communication can help Governments achieve these goals.

Health is the specific subject of three of the eight *Millennium Development Goals (MDGs)*. Priority is given to securing a safe environment for all people, particularly those in developing nations and post-Soviet countries in order to accomplish *reductions of the mortality rate among children under five years of age (MDG#4); reduction of maternal mortality ratio (MDG#5); reverse the spread of HIV/AIDS, malaria and other major diseases (MDG#6). MDG #7, on ensuring environmental sustainability,* includes *reducing by half the number of people without access to safe drinking water.*

In her opening speech Dr. Christine Durbak, Chair and CEO of World Information Transfer, explained that setting a goal is one thing — reaching the goal is another. This difference between setting goals and reaching goals is a lesson that is difficult to learn at any age, although the processes involved in setting and achieving goals are similar and tenacious obstacles have to be overcome. The obstacles that have been overcome in setting the MDGs are: Obstacles to Knowledge; Obstacles to Agreements; Obstacles to knowing the right remedy.

We have overcome our deficiencies of knowledge by research and investigation. We have overcome the obstacles to agreement by persuasion, by understanding the thinking and point of view of those who disagree with us. We have overcome the obstacles to knowing the right remedy by imagination and finding the common ground. To continue, it is necessary for us to get through the next set of impediments before us so that we actually realize the goals we have set.

We have cause for at least some optimism because so much of what we have to do now repeats the initial process of setting the MDGs. Utilizing our knowledge, our understanding of how to work together, and our agreements as pylons, we have to construct a bridge from our goals to our intended accomplishments. This bridge has to be both strong and flexible enough to withstand formidable pressures crashing into it and heavy traffic going over it. Our construction materials are shared behaviours, for we are building a behavioural bridge. In reaching our goals, we will have to deal with personal behavioural obstacles to change, which prevent and preclude our ability to change our actions.

The greatest impediment to global public health and therefore to the relevant *MDGs* is lack of recognition of public health threats by Governments. The obstacle is fear: fear of exposure, fear of consequences, and fear of loss of control. The prevalence of corruption and lack of transparency by Governments, industry and some civil society actors foster this fear and prevent the establishment of a global health security network beneficial to all humanity.

A significant example is the **Chornobyl*** nuclear disaster, and its ongoing effects on human health, which exemplifies the long lasting consequences of fear-based decisions. In this case, a decision was reached by the former leaders of the

* Ukrainian spelling.

Soviet Union who knowingly withheld the facts about the explosion and 10-day fire at nuclear power plant #4 on 26 April 1986. By hiding information critical to the health not only of the local population of Pripyat, Ukraine, but also to the entire country, as well as to the people of Belarus, the Russian Federation and much of Europe, it is estimated that 4.9 million individuals have been exposed to increased radiation. That terrible day 19 years ago in 1986, has had long-term ramifications for human health that will continue to affect many future generations. The Chornobyl incident has since imperilled achievement of the *health MDGs* as well as *Millennium Development Goal #7*, which is to *ensure environmental sustainability*.

During a live video satellite connection, established with the Chornobyl Center in Slavutych, Ukraine, Petro Brytan from Chernobyl NPP explained that in the aftermath of the accident a sarcophagus was built to try to contain the radioactive fallout. However, approximately 95 per cent of the nuclear fuel is still inside the sarcophagus and, following the accident, higher radioactive background was registered in countries of central Europe, Scandinavia and the Balkan peninsula. This large-scale contamination caused significant ecological, medical, social and economic aftermaths.

A current project is aimed at safer controlled management of the shelter. A new construction will be built on top of the sarcophagus. The duration of this confinement is estimated to last 100 years. In about 50 years, the nuc'ear fuel is going to be moved to a special reservoir that will be created. The "Shelter" Implementation Plan (SIP) stands out among other projects, which are being implemented at the Chornobyl Nuclear Power Plant with international support. It has been financed through bilateral channels and money has been accumulated in the Chornobyl "Shelter" Fund. The "Shelter" Implementation Plan provides for stabilization of the sarcophagus, construction of the new protective cover — new safe confinement, dismantling of debris, etc. Budget estimates amount to US$ 758 million, including US$ 50 million paid by Ukraine. Construction of the Confinement is to start in 2006, and it is scheduled to be completed in 2009. However, there are a number of pressing financial problems related to the escalation of prices since the implementation of the plan began. Additional finance mobilization is required to replenish the Chornobyl "Shelter" Fund. It is estimated that the budget should top US$ 1.1 billion. G-7 States have already pledged additional US$ 160 million to support SIP.

A number of facilities, such as a nuclear liquid processing plant and a depot of processed nuclear fuel, have been constructed at the Chornobyl Nuclear Power Plant site to ensure decommissioning of the Chornobyl NPP. An industrial complex to deal with solid radioactive wastes has been constructed with support from the European Commission. Construction of new safe confinement is regarded to be the most important stage of the SIP project. Full extraction of the fuel material from the "Shelter" object would be possible only in 30-50 years, when special radioactive waste dumps would be created. As long as the "Shelter" object contains fuel materials (about 200 tons), it cannot be regarded as absolutely safe, even after new safe Confinement is created.

Mr. Michael Balonov from the International Atomic Energy Agency (IAEA) in Vienna, Austria, commented on how the international community can assist Ukraine, primarily through technical and financial help for the construction project. A second concern is the enormous need for provision of accurate scientific

information regarding the clean-up procedure to the stakeholders: the local population and the whole world community. Research has to be continued. In 2003 the IAEA started the "Chernobyl Forum", a series of managerial meetings of expert and high-level Government representatives, considering environmental and health consequences of the Chornobyl accident. After 20 years of research a technical report will be issued, containing recommendations and calling for an international "Chornobyl" conference. This conference will take place on 6 and 7 September in Vienna. The main recommendations demand remediation of the affected territories as well as special health care for the affected population. Social and economic rehabilitation of the area in collaboration with UNEP, the World Bank, IAEA and others are also necessary steps to recovery.

The other main topic of the conference was the danger that HIV/AIDS imposes on the achievement of the Millennium Development Goals. HIV/AIDS is the fastest growing epidemic worldwide. It has a high concentration among young people, and shifts beyond high-risk groups into general population. Twenty-five million, out of the 39 million people worldwide who are living with the infection, are in Africa. AIDS has a large impact on the *reduction of poverty and hunger*, according to Keith Hansen, conference speaker from the World Bank. AIDS is also worsening *child and infant mortality, maternal health* and undermines the *combat against AIDS itself, as well as other diseases*, as many health-care workers are victims as well. Furthermore it also affects MDGs such as *Universal Primary Education*.

Anwarul K. Chowdhury, the United Nations Under-Secretary-General and High Representative for Least Developed Countries, Landlocked Countries and Small Island Developing States gave an introductory speech on the HIV/AIDS pandemic, which was explored in more detail in the afternoon. Ambassador Chowdhury emphasized the importance of tackling this disease in order to achieve the *Millennium Development Goals on health*, as the developed countries are part of the same "global village" and have the capacity and duty to help the less and least developed countries.

The pandemic has covered most regions of the world, making the world as a whole very vulnerable. Sub-Saharan Africa, the weakest part of the world, continues to remain the worst victim of HIV/AIDS. So sub-Saharan Africa is absolutely at the core of the campaign for achievement of *the Millennium Development Goals*. We should bear in mind how HIV/AIDS undermines the human and institutional capacities of these countries. It is not only undermining the sick and those affected by HIV/AIDS, but it is also debilitating to the whole society of these countries. As we have seen, the pandemic is a serious threat not only to Africa but also to South Asia, which is emerging as maybe the worst victim of the disease in the coming years.

HIV/AIDS should not be taken solely as a health problem. It is a societal problem, and it is a problem of security. In the year 2000, for the first time, the United States of America took the initiative to raise the concern of countries about the point that HIV/AIDS also negatively affects the security of countries. That is why we have to address the issue in a very comprehensive way. The world is demanding that the affected countries invest more resources in the combat of the disease. But how could these countries devote more resources to HIV/AIDS when their debt servicing is taking away all of the money that they are making through exports? These countries are paying more in debt servicing than they are earning

through their exports and naturally, in their budgets, there is not much capacity to focus additionally on this challenge of HIV/AIDS.

The most serious effect of HIV/AIDS has spread to women and children. Many AIDS orphans are being raised by grandparents because their mothers are dead. It is crucial and urgent to see how we can build capacity to address this special situation. UNEP and UNDP have developed the booklet entitled "Hope". It explores how to create access to the services and facilities available to handle this pandemic, looking at capacity, not only of countries and their health services, but also the development of capacity of individual families and communities. Protection of the vulnerable and sick as well as the *MDG# 3*, which promotes *gender equality and empowerment for women, are* needed to contain the disease.

By focusing on scientifically grounded information at its annual Conference and the World Ecology Reports, World Information Transfer works to influence Government and non-governmental stakeholders interested in public health to foster a realistic assessment of health for a better and healthier future. Over the past 14 years, greater knowledge about the interrelationships between health and a deteriorating environment have led to signed treaties among nations.

The desired outcomes for this conference were:

1. To increase communication and raise awareness of the Millennium Development Goals on health, by focusing on environmental degradation and its impact on human health, i.e. asthma, cancer, blindness, etc.

2. Chornobyl Center — Video Connection: to increase knowledge and understanding of the continuing health effects of radiation exposure and the leaking sarcophagus covering reactor #4.

3. To overcome the greatest impediment to global public health awareness: FEAR of recognition of public health threats by Governments, i.e. HIV/AIDS, SARS, avian flu.

4. To develop innovative and creative solutions to the problems facing the health of all people and our planet.

5. To provide input for the Millennium Summit +5 in September 2005 for governmental consideration.